New Jersey Strategic Plan for Hepatitis C Prevention And Control

January 2005

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Executive Summary

The New Jersey Hepatitis C Strategic Plan is the consensus statement of a comprehensive process performed by the New Jersey Hepatitis C Advisory Board in 2004. The overall goals of the plan are to increase understanding among the public and healthcare providers about hepatitis C (HCV) risk factors, prevention, testing, and care; to prioritize methods to reduce HCV incidence in New Jersey; and to optimize care for those living with HCV in our state.

The purpose of the New Jersey plan is to outline a comprehensive and integrated approach to prevent the spread of hepatitis C among the state's most vulnerable populations, reduce complications of the disease, and to improve health outcomes. Its vision is to integrate viral hepatitis (A, B, and C) services into existing health care settings. These recommendations provide a basis for development of a broader strategic plan to address hepatitis C that goes beyond the programs of the NJDHSS.

This Hepatitis C Plan will be presented to the Commissioner of Health in the winter of 2005. We hope to create momentum to move the strategy forward as part of a statewide agenda. After its approval, key decision makers and opinion leaders will be approached to solicit their support and involvement.

Overview and Background

In 2001, legislation created the New Jersey Hepatitis C Advisory Board, which began meeting in the fall of 2003.This legislation did not provide funding, however, for the development of a statewide plan. Members of the Advisory Board include hepatologists, infectious disease physicians, gastroenterologists, the American Liver Foundation, New Jersey Department of Corrections (NJDOC), a patient advocate, and representatives of the two manufacturers of hepatitis treatment medications. Through funds from the Centers for Disease Control and Prevention (CDC), the first NJ Hepatitis C Coordinator was hired in June 2003, who oversees hepatitis C surveillance and education efforts.

Other state plans were reviewed in preparation for the development of a New Jersey plan. They included the Louisiana, Massachusetts, New Mexico, and Ohio plans. Similar to New Jersey, most states have not yet completed hepatitis C strategic plans. In preparation of producing our written plan, statewide collaborations with the NJDHSS Division of HIV/AIDS, Division of Addiction Services in the Department of Human Services, NJDHSS STD Services, NJDOC, and hepatitis support and education agencies have been coordinated.

CDC estimates that 1.8% of Americans are infected with HCV, the most common bloodborne infection in the United States today. In New Jersey, 1.8% would translate to

roughly 155,000 infected persons. However, these statistics probably do not adequately reflect the full extent of the problem. Hepatitis C has been a reportable disease in New Jersey since 1998, and the number of reported cases has increased annually. In 2003 in New Jersey, there were 3,300 reported cases of newly diagnosed hepatitis C. There were 2,200 cases reported in 2002. However, it is estimated that New Jersey's true incidence of hepatitis C is grossly underreported and underdiagnosed. Information on race, risk factor, ethnicity, comorbidity and treatment data are lacking for most of our reported cases.

Hepatitis C is an infection of the liver that affects people from all walks of life regardless of age, race, gender, or sexual orientation. In New Jersey, the majority of cases have been found in urban areas, but cases have been diagnosed in all counties.

In the majority of cases, chronic HCV infection smolders for many years, as HCV infections are often asymptomatic. It is the cause of over 40% of chronic liver disease. Due to its insidious nature, it has received little attention either nationally or in New Jersey. Most New Jerseyans with hepatitis C are probably unaware that they are infected. Therefore, a statewide plan is needed to increase public awareness and to direct efforts in the most cost-effective manner.

Prior to the availability of specific blood screening in 1992, HCV infected many blood transfusion recipients; these infections were termed non-A, non-B hepatitis before the identification of the specific causative agent. Similarly, before blood factor virus inactivation procedures were developed in 1987, a large number of people requiring Factor VIII or Factor IX for hemophilia became infected.

Hepatitis C threatens the public health in two major ways. First, without proper treatment, the huge burden of chronic liver disease will, in turn, create a large burden of cirrhosis, end-stage liver disease, and hepatocellular carcinoma. Second, without proper preventive measures, the large reservoir of currently infected people will transmit the disease to even more people. Compounding this challenge is the fact that hepatitis C disproportionately affects the medically underserved and individuals eligible for public services.

Therefore, prevention and control measures are warranted. To achieve this end, the CDC developed a comprehensive plan, the *National Hepatitis C Prevention Strategy*, in 2001. This plan was meant to be used as a guide by states in their efforts to prevent and control hepatitis C infections. The strategic plan is a list of coordinated strategies that can serve as a guide to heighten awareness and to prevent the spread of HCV in New Jersey.

Major components of New Jersey's state plan include:

- Education of healthcare and public health professionals
- Education of the public and persons at risk for HCV
- Clinical and public health activities to identify, counsel, and test persons at risk for HCV

- Outreach and community-based activities that decrease high-risk behaviors and identify persons who need to be tested
- Surveillance activities to monitor disease trends and effectiveness of medical and preventive interventions
- Research to continually improve prevention efforts

Stakeholders

Stakeholders include public and private healthcare providers, advocacy groups, laboratories, state agencies (such as the Department of Corrections, Department of Education, and Division of Addictions), patients and their families, school nurses, pharmacists and others.

Existing Services

The Communicable Disease Service of the NJDHSS hired a hepatitis C Coordinator in June 2003 through federal (CDC) funding. The coordinator's role is to oversee hepatitis C awareness and prevention activities, and surveillance of the disease. The coordinator takes an active role in enhancing hepatitis activities statewide, collaborating with community groups, healthcare providers, NJDOC, the New Jersey Hepatitis C Advisory Board, and other state divisions as needed.

The NJDHSS STD Program offers hepatitis B vaccinations to high-risk individuals in targeted sites, as well as hepatitis B and C prevention education. Vaccinations are funded through NJDHSS' Vaccine Preventable Disease Program, but monies for adult vaccinations are limited.

NJDOC contracts with Correctional Medical Services to provide health care to inmates, and utilizes Federal Bureau of Prisons (FBOP) guidelines to establish education, screening and treatment services for state inmates infected with hepatitis C. At all NJDOC reception sites, a module of hepatitis C information is provided to new inmates. Testing for hepatitis C is encouraged for all high-risk individuals. Inmates with hepatitis C, HIV, or an STD are offered hepatitis A and B vaccinations (if nonimmune). The Commissioner of NJDOC (or his alternate) sits on the statewide Hepatitis C Advisory Board, which facilitates communication.

NJDHSS is collaborating with NJDOC to develop an educational video for inmates on hepatitis C awareness, prevention, testing and treatment. There is a recognized need for more comprehensive discharge planning for parolees for follow-up care. NJDOC and NJDHSS had applied, but were not funded for, a CDC Viral Hepatitis Integration grant in 2003. This program would have supported staff to offer hepatitis C education upon intake, and to provide case management to those prisoners infected with hepatitis C upon discharge. The application will be resurrected if the opportunity for funding occurs in the future.

Inmates in county jails are not usually tested for hepatitis C, as their sentences are generally of a limited time frame. County inmates are served by a separate medical system from state inmates, but their health care is delivered with NJDOC oversight.

Purpose and goals

Some recommendations relate to ongoing activities and some can be implemented over a short time frame; others will require phasing in over a period of years, dependent upon funding. Recommendations will be adopted on the basis of feasibility, compatibility with overall priorities and how effectively they can be coordinated across programs and agencies. The overarching goals of this plan are listed below:

Goal 1: Expand education efforts to increase knowledge of HCV among health care providers (HCPs) and the general public.

Goal 2: Improve primary prevention and harm reduction activities to decrease transmission of HCV.

Goal 3: Improve HCV surveillance in NJ.

Goal 4: Improve access to HCV testing and care for uninsured and underinsured residents.

Goal 5: Develop funding mechanisms to implement stated interventions for all stated goals.

Goal 6: Foster partnerships with healthcare providers, community organizations, other state and local agencies (e.g. NJDOC, LHDs, LINCS agencies) to promote the goals stated above.

Objectives for these goals were identified subsequently and interventions have been developed.

Goal 1: To expand educational efforts to increase knowledge of HCV among health care providers (HCPs) and the general public (primary and secondary prevention)

Objectives

A. Increase knowledge among primary health care providers (HCPs) in NJ (internists, family practitioners, nurse practitioners).
B. Increase knowledge among HIV testing and prevention counselors.
C. Increase knowledge among drug treatment staff (nurses, social workers, psychologists, etc).
D. Increase knowledge among the general population to reduce transmission; acknowledging stigma related to drug use and HCV testing.
E. Increase HCV knowledge base of STD clinic staff.
F. Work with NJDOC to assure its healthcare providers and staff have current information on hepatitis and that inmates receive education related to risk factors and testing.
G. Increase knowledge of HCV among secondary school educators, school nurses and students.

Goal 1 is the Board's primary focus for the first year of implementation. Not only must public education be provided, but professional education is also warranted to optimize

patient education, testing and diagnosis. Many physicians are not adequately knowledgeable about hepatitis C screening, counseling and treatment information. Health and social service professionals lack information about referrals of hepatitis C patients for support services, financial assistance, and education.

Interventions are ranked high (H), medium (M), and low (L) in priority.

Goal 1 interventions

a1. Perform random survey of educational needs of healthcare providers around the state (H).

a2. Utilize CDC HCV Toolkits (if available) to educate primary HCPs, providing information based on survey results (M).

a3. Provide hepatitis-related updates at annual NJDHSS Infectious Disease Summits as pertinent, which provide continuing education credits for healthcare providers (M).

a4. Increase knowledge of HCPs regarding appropriate referrals for hepatitis C-related care. Consider working with the NJ Medical Society on this intervention and one below (M).

a5. Encourage provision of hepatitis-related education in medical school curriculum at UMDNJ, and in nursing schools in the state (L).

a5. Consider development of a virtual library of hepatitis resources in the NJDHSS website (support groups, medical information, treatment providers, links to sites such as CDC's Viral Hepatitis website) (M).

b1. Utilizing NJDHSS' recently developed integrated curriculum (HIV, hepatitis A, B, and C), the Hepatitis C Coordinator, in collaboration with NJDHSS HIV staff, will provide one-day seminars to HIV testing and counselling staff.(6 completed for 2004 and 6 already scheduled for 2005.) Development of an integrated curriculum is in accordance with the CDC and American Liver Foundation's guidelines for hepatitis integration. This is a train-the-trainer curriculum, and available on CD (H).

c1. Collaborate with NJ Division of Addiction Services/NJ AIDS Education and Training Center to ensure adequate and integrated HIV/hepatitis education is provided to its treatment providers (H).

d1. Partner with a community-based organization (CBO) and pharmaceutical company to develop a movie ad on HCV for the general public (M).

d2. Hepatitis C Coordinator to meet on a regular basis with NJ hepatitis support groups to provide disease updates, and updates on locations to refer clients for vaccines, testing and care (M).

d3. All materials developed will be culturally and linguistically appropriate, and at appropriate literacy levels (H).

e1. Partner with NJDHSS STD program to enhance integrated hepatitis/HIV/STD education for STD clinic staff throughout the state (H).

e2. Partner with NJDHSS STD and Vaccine-preventable Disease Programs to

encourage STD clinics to offer hepatitis B education and vaccines to clients (H).

f1. Hepatitis C Coordinator to work with NJDOC to develop an educational video for their use in inmate education, which could also be utilized with county jail inmates (M).
f2. Hepatitis C Coordinator to provide assistance to Department of Corrections' Infection Control Professional (ICP) staff in reporting of the disease to NJDHSS (M).
f3. Establish positive working relationships with every jail in the state of New Jersey (L).
f4. Partner with other public health initiatives to address the needs of jail inmates and upon release (L).

g1. Collaborate with Department of Education or state association of school nurses to develop age-appropriate curriculum for students (M).

Goal 2: To improve primary prevention and harm reduction activities to decrease transmission of HCV

Objectives

A. Ensure that education is provided for persons with HCV to reduce disease transmission and disease progression.
B. Improve access to harm reduction programs, such as drug treatment.
C. Decrease the percent of people reporting that they are reusing and or sharing needles.

Interventions

a1. Ensure that drug treatment providers, NJDOC, county jails and HIV counselors provide harm reduction education to injection drug users (IDUs), patients with hepatitis C (H).
a2. Ensure that education is culturally-competent and not stigmatizing (M).
a3. Educate persons living with HCV on the importance of reducing alcohol consumption (M).
b1. Advocate for syringe exchange programs (SEPs) in the state of New Jersey which will be accountable and which will also provide drug treatment information and access (M).
b2. Advocate for expansion of drug treatment programs and improved access to drug treatment for those with and without health insurance (H).
c1. Consider the option of allowing pharmacies to sell syringes without prescriptions (L).

Goal 3: To improve HCV surveillance in New Jersey

Objectives

A. Provide education on HCV case definition (developed in 2003) to local health

departments (LHD). (NJAC 8:57 was revised in 2003 to require reporting of hepatitis C directly to NJDHSS instead of to the LHD.) However, LHD is still responsible for case investigations.

B. Provide education to HCPs on importance of reporting HCV.
C. Work to further refine the NJDHSS Communicable Disease Reporting System (CDRS) to enable improved data analysis (i.e. risk factors, GIS).
D. Provide results of data analysis to LHDs, HCPs, and other interested parties.
F. Improve lab reporting of hepatitis C to better include necessary patient information.
G. Begin to report both acute and chronic cases of hepatitis C to CDC.

Because acute hepatitis C is much less common than chronic hepatitis C, and because chronic infection can result in progressive liver damage, it is important that the surveillance system expand to monitor both types of cases. The volume of lab reports of positive tests has been enormous in recent years. Most LHDs have neither the resources nor the expertise to do complete follow-up on cases. NJDHSS has had an updated surveillance case definition since 2003, a new case report for hepatitis C, and a communicable disease manual that incorporates hepatitis C information.

Interventions

a1. HCV Coordinator to continue providing education to LHD staff on HCV case definition and importance of investigation of reports (M).
b1. Work with others in NJDHSS Communicable Disease Service to provide education to health care providers on reporting issues on an ongoing basis (M).
c1. HCV Coordinator to collaborate with CDRS staff to improve our ability to obtain meaningful HCV data (M).
d1. Provide information on cases by geographic area/risk factors (if possible) on an annual basis (preferably on NJDHSS website), (L).
d2. Develop a user-friendly method of reporting risk factors into CDRS (L).
d3. Encourage investigation of cases by LHDs to determine if acute or chronic (H).
d4. Begin to report both acute and chronic hepatitis C to CDC (H).
e1. Hepatitis C Coordinator to evaluate reporting adequacy of various sources, such as NJDOC, VA health care system (L).
g1. By year two, NJDHSS will begin to report both acute and chronic cases of hepatitis C to CDC (H).

Goal 4: Improve access to testing and care (secondary and tertiary prevention)

Objectives

A. Advocate for access to testing options for uninsured; (i.e. increased funding to provide testing at STD clinic sites).
B. Advocate for ability to provide hepatitis A and B vaccines to high-risk adults in community sites, such as STD clinics/HIV testing sites.
C. Encourage private labs to begin performing signal to cutoff ratio confirmatory testing as a less expensive method (than RIBA or PCR), as promoted by CDC.
D. Ensure continuity of care for hepatitis C patients who are transitioning to the community from incarceration or substance abuse treatment.

E. Research the possibility of increasing the number of providers who provide hepatitis C treatment in underserved areas of New Jersey.

Routine testing should be available to those who ever injected drugs, persons who received clotting factor before 1987 or who received longterm hemodialysis, recipients of transfusions or organ transplants prior to 1992, and children born to hepatitis C-positive women. Testing should be accompanied by appropriate counseling and follow-up.

Interventions

a1. NJDHSS to continually search for possible funding mechanisms which would cover access to hepatitis C testing for the uninsured (M).
b1. Collaborate with NJDHSS STD and Vaccine-preventable Disease programs to increase provision of hepatitis A and B vaccines to high-risk adults (H).
c1. Hepatitis C coordinator to work with other state hepatitis C programs and CDC to accomplish this objective (M).
d1. Collaborate with NJDOC, NJDHS Division of Addictions, and county jail staff to establish protocols in discharge planning for healthcare followup for hepatitis C-infected inmates and patients in drug treatment (M).
d2. Continue to develop a list of community resources that provide hepatitis C management and treatment services (M).
e1. Research ability to expand Medicaid eligibility criteria to include uninsured persons living with hepatitis C (L).
e2. Work with hepatitis C treatment centers and medical schools in New Jersey to plan for more options for treatment in underserved areas (L).

Goal 5: Develop funding mechanisms to implement stated objectives 1-4

Objectives:

A. Collaborate with CBOs and drug companies to fund educational objectives.
B. Continually seek grant funding to explore initiatives such as provision of hepatitis A/B vaccine to high-risk adults/ low-cost or free testing for uninsured, indigent clients.
C. Seek funding for treatment for uninsured/underinsured persons with hepatitis C.
D. Seek funding for this advisory board's continuance and ability to implement this plan.

Interventions

a. With Hepatitis C Advisory Board oversight, a PSA will be developed by the American Liver Foundation (M).
b. Utilizing this report, funding may be requested of the New Jersey legislature in the future to cover costs of expanded testing and education (M).

Summary

In the future, it is likely that the federal government will be playing an even larger role in the public health response to hepatitis C, as a result of increasing awareness of the extent of hepatitis C infection and its impact on the nation's health, the expense of clinical management, and the socioeconomic status of many of the persons at risk. It is critical for

public health and other state and local agencies to participate in federal efforts and maximize resources for New Jersey. Policy development is a core activity of public health, and NJDHSS is the lead agency for public health policy development. It is the role of NJDHSS to pose policy questions, facilitate discussion, facilitate input from all stakeholders, coordinate with the federal government and local authorities, and draft policy for public review and comment.

NJDHSS and the New Jersey Hepatitis C Advisory Board should also provide opportunities for input from individuals and groups not yet identified as stakeholders. Members may be added to the Board as needed, or invited as interested guests.

Priority interventions will be the primary focus, once the Plan is approved by the Commissioner of Health and Senior Services. Lack of funding may delay the implementation of some initiatives.

The Plan will be reviewed annually to assess progress toward its goals, and the Board will evaluate whether certain interventions may need to be altered to better accomplish its goals. A progress report will be provided annually to the Commissioner of Health and Senior Services.

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